

<b>TRANSFER ORDER SURPLUS PERSONAL PROPERTY</b>			1. ORDER NUMBER (S) a. _____ b. _____		FORM APPROVED OMB NUMBER <b>3090-0014</b>		Page <b>1</b> of _____ Pages	
2. TYPE OF ORDER _____ STATE AGENCY _____ DOD (SES) _____ FAA				3. SURPLUS RELEASE DATE		4. SET ASIDE DATE		5. _____ NON- REPORTABLE  _____ REPORTABLE
7. TO: <b>GENERAL SERVICES ADMINISTRATION (FPRS) *</b>						8. LOCATION OF PROPERTY		
9. HOLDING AGENCY (Name and address) *								
						10. <b>FOR GSA USE ONLY</b>		
						SOURCE CODE _____		
						STATE _____ CITY _____ _____ TYPE OF DONATION _____ ADJUSTED ALLOCATION CODE _____		
11. PICKUP OR SHIPPING INSTRUCTIONS *								
<b>12. SURPLUS PROPERTY LIST</b>								
L/I NO. (a)	IDENTIFICATION NUMBER (S) (b)	DESCRIPTION (c)	DEMIL. CODE (d)	COND. CODE (e)	QUANTITY AND UNIT (f)	ACQUISITION COST		
						UNIT (g)	TOTAL (h)	
13. TRANSFEREE ACTION  Transferee certifies and agrees that transfers and donation are made in accordance with 41 CFR 101-44, and to the terms, conditions, and assurances as specified on this document.		a. TRANSFEREE (Name and address of State Agency, SEA, or public airport) *			b. SIGNATURE AND TITLE OF STATE AGENCY OR DONEE REPRESENTATIVE		c. DATE	
					d. SIGNATURE OF HEAD OF THE SEA (School or National Headquarters)		e. DATE	
14. ADMINISTRATIVE ACTION  I certify that the administrative actions pertinent to this order are in accordance with 41 CFR 101.44 and as specified on this document have been and are being taken.		a. DETERMINING OFFICER (DOD or FAA) *			b. SIGNATURE OR DETERMINING OFFICER		c. DATE	
					d. GSA APPROVING OFFICER		e. SIGNATURE OF APPROVING OFFICER	f. DATE